



Senate

General Assembly

File No. 371

January Session, 2001

Substitute Senate Bill No. 963

Senate, April 19, 2001

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT REQUIRING COORDINATION OF SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 (NEW) (a) The Department of Mental Retardation shall serve as the
2 lead agency for coordination of services for children with special
3 health care needs. As used in this section, "children with special health
4 care needs" means children under the age of eighteen who: (1) Have
5 one or more serious chronic medical conditions; (2) are children with
6 disabilities, as defined in section 17a-219a of the general statutes; and
7 (3) have ongoing significant health care service needs.

8 (b) On or before December 31, 2001, the Commissioners of Mental
9 Retardation, Social Services, Children and Families, Education, Mental
10 Health and Addiction Services and Public Health and the Child
11 Advocate shall develop a plan for the establishment and
12 administration of an account that contains any funds appropriated by
13 or available to the state for the delivery of services or resources to

14 children with special health care needs or their families. The
15 Commissioner of Mental Retardation shall be responsible for the
16 development and administration of a comprehensive plan for the
17 coordinated expenditure of such funds and for the coordinated
18 delivery of services to children with special health care needs.

19 (c) The comprehensive plan for the coordinated expenditure of
20 funds and for the coordinated delivery of services to children with
21 special health care needs required by subsection (b) of this section shall
22 include: (1) A single point of entry to the system of state-funded or
23 state-administered services or resources for children with special
24 health care needs; (2) a system-of-care model in which service
25 planning is directed by the needs and preferences of the child and the
26 child's family and that places a greater emphasis on early
27 identification, prevention and early intervention to prevent the
28 escalation of special health care needs; (3) development of a
29 comprehensive and flexible continuum of services with emphasis on
30 home-based and community-based support services that permit care of
31 the child to occur in the appropriate, least restrictive setting; (4)
32 community-based care coordination and service delivery; and (5)
33 identification of the need, if any, for additional appropriate, least
34 restrictive residential placements for children with special health care
35 needs and a plan for development of such residential placements, if
36 needed.

KID **JOINT FAVORABLE SUBST. C/R** **PH**
PH **JOINT FAVORABLE**

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: See Explanation Below

Affected Agencies: Departments of Mental Retardation, Social Services, Children and Families, Education, Mental Health and Addiction Services and Public Health; and the Office of the Child Advocate

Municipal Impact: None

Explanation**State Impact:**

This bill requires the Department of Mental Retardation (DMR) to serve as lead agency for the coordination of services for children with special health care needs. In addition, the commissioners of the required agencies are to develop a plan for the establishment and administration of an account that contains any funds appropriated by or available to the state for the delivery of services or resources to children with special health care needs.

It is indeterminate as to the administrative costs and workload increase to DMR associated with lead agency responsibilities, as the bill is unclear as to the scope of coordinating services. Although the agencies that are required to develop this plan will incur a workload increase, they will be able to do so within their respective anticipated

budgetary resources.

It should be noted that there are various fiscal and programmatic issues to be considered when establishing a single account to administer services that are currently being provided by different agencies and funded by state, federal and private dollars. For example, federal law, regulation and court mandates place numerous restrictions on the use of federal and state funds. As a result it is uncertain to what extent these funds could be commingled. In addition, it is uncertain to what extent each agency's workload and staffing needs would be impacted.

OLR Bill Analysis

sSB 963

AN ACT REQUIRING COORDINATION OF SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS.**SUMMARY:**

This bill makes the Department of Mental Retardation (DMR) the lead agency for services to “children with special health care needs.” It defines these as children under age 18 who have developmental or other disabilities and serious chronic medical conditions that create ongoing significant health care needs.

It requires DMR and other state agencies to develop a plan to establish and administer a separate account to hold state appropriations and other available funds for delivering services or resources to this population and their families. He must develop this plan by December 31, 2001 with the commissioners of Education, Public Health, Children and Families, Social Services, and Mental Health and Addiction Services and the child advocate.

The bill also makes the DMR commissioner responsible for developing and administering a plan to coordinate spending for, and delivering services to, these children and their families.

EFFECTIVE DATE: October 1, 2001

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Under the bill, a child with special health care needs is (1) under age 18, (2) has one or more serious chronic medical conditions, (3) needs ongoing significant health care services, and (4) is a child with a disability. A child with a disability under the bill is one who:

1. if under age five, has a severe disability and substantial developmental delay or a specific diagnosed condition that has a high probability of resulting in such a delay;

2. has a moderate to profound educational disability; or
3. meets the federal definition of a child with a developmental disability.

Under the federal definition, a child has a developmental disability if he is over age four and has a severe, chronic disability that is attributable to a mental or physical impairment, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activity (e.g. self-care, mobility, learning, language).

COORDINATED SPENDING AND SERVICE DELIVERY PLAN

The bill requires the plan to address:

1. a single point-of-entry to state-funded or state-administered services;
2. a system-of-care model based on planning that is directed by the child's and his family's needs and preferences and that emphasizes early identification, prevention, and early intervention;
3. a comprehensive and flexible continuum of services that emphasizes community- and home-based support services that permit care in the most appropriate, least restrictive setting; and
4. community-based care coordination and service delivery.

The document must also identify whether any additional least-restrictive residential placements are needed for these children and, if so, must plan for their development.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference

Yea 12 Nay 0

Public Health Committee

Joint Favorable Report

Yea 25 Nay 0